

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Warren Pumps, Inc.
82 Bridges Avenue
Warren, Pennsylvania 01083-0969

**2. Article Number
(Transfer from service label)**

07cv1064 Sc 7003 3110 0004 0799 4424

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**
 Agent
 Addressee
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from Item 1?

If YES, enter delivery address below

 Yes
 No
3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)
 Yes